



Bureau of HIV and STD Prevention

HIV/STD Clinical Resources Division
HIV/STD Epidemiology Division
HIV/STD Health Resources Division

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HIV/STD Policy No. 023.002

STD MEDICATIONS ALLOCATION FORMULARY INCLUDING MANAGING CEPHALOSPORIN ALLERGY

PURPOSE

This policy establishes how the Texas Department of Health (TDH), Bureau of HIV and STD Prevention (Bureau) through the HIV/STD Medication Program (Program) allocates and/or pays for medications to achieve the Bureau's mission of preventing, managing and treating sexually transmitted diseases (STD) in Texas. The policy explains: the basis for allocating medications in the state; and how payments to approved Medicaid pharmacies for persons with cephalosporin allergy are managed.

AUTHORITY

The Bureau Chief, in collaboration with the Program Administrator of the HIV/STD Medication Program, determine the allocation of STD medications and their appropriate distribution based on the following: Morbidity and Mortality Weekly Report (MMWR), vol. 42, No. RR-14 published by the Centers for Disease Control and Prevention (CDC), and the TDH Disease Prevention News, Vol. 54, No. 10. The Bureau Chief assigns responsibility for implementation of this policy to the Program.

ALLOCATION METHOD

Yearly medication allotments to treat gonorrhea, chlamydia, syphilis, and pelvic inflammatory disease are based upon morbidity from each county as reported by the TDH public health regions for the last fiscal year. Allotments are computed according to the county of residence of the reported case. Incarcerated persons in detention facilities are counted as residents of the county in which the detention facility is located.

Medications are allocated by region. Allocations are shipped to regional offices and local health departments. Distribution of medications to clinics that perform STD services in the region can be done by regional offices and local health departments. This distribution must remain within the allocation for the region. Stock levels and maximum total allotments for the year will not be changed from the current allotment as the result of supplying new clinics. Stock levels and maximum yearly allotments will only be changed in the event of documented increases in reported STD morbidity for the area.

The actual dosage amount per reported case is based on the treatment guidelines published by the CDC.

SYPHILIS

PELVIC INFLAMMATORY DISEASE

NOT PREGNANT:	Rocephin 250mg:	Number of cases x two (case requires 250mg, contacts 125mg each)
	Doxycycline 100mg (14):	Number of cases x two (case and contacts)
	Doxycycline 100mg (28):	Number of cases x one (case)
OR		
	Rocephin 250mg:	Number of cases x one (case requires 250mg)
	Suprax 400mg (1):	Number of cases x two (contacts)
	Doxycycline 100mg (14):	Number of cases x two (contacts)
	Doxycycline 100mg (28):	Number of cases x one (case)

PREGNANT:	Rocephin 250mg:	Number of cases x two (case requires 250mg, contacts 125mg each)
	Erythromycin 250mg (56):	Number of cases x one (case)
	Doxycycline 100mg (14):	Number of cases x two (contacts)
OR		
	Rocephin 250mg:	Number of cases x one (case requires 250mg, contacts 125mg each)
	Suprax 400mg (1):	Number of cases x two (contacts)
	Erythromycin 250mg (56):	Number of cases x one (case)
	Doxycycline 100mg (14):	Number of cases x two (contacts)

GONORRHEA

NOT PREGNANT:	Rocephin 250mg:	(Number of cases x .5) x three*
	Doxycycline 100mg (14):	Number of cases x three (case and contacts)**
EXPLANATION:	* The number of Rocephin 250mg vials required is one half (.5) the number of reported cases (because the required treatments is 125mg). Then multiply by three (to treat the case and two contacts).	
	** BECAUSE OF THE CONCOMITANT OCCURRENCE OF CHLAMYDIA.	
OR		
	Suprax 400mg (1):	Number of cases x three (contacts)
	Doxycycline 100mg (14):	Number of cases x three (case and contacts)

PREGNANT:	Rocephin 250mg:	Number of cases x two (case requires 250mg, contacts 125mg each)
	Erythromycin 250mg (56):	Number of cases x one (case)
	Doxycycline 100mg (14):	Number of cases x two (contacts)
OR		
	Rocephin 250mg:	Number of cases x one (case)
	Suprax 400mg (1):	Number of cases x two (contacts)
	Erythromycin 250mg (56):	Number of cases x one (case)
	Doxycycline 100mg (14):	Number of cases x two (contacts)

CEPHALOSPORIN ALLERGY

The Program pays participating Medicaid pharmacies who provide oral ciprofloxacin (500mg) or ofloxacin (400mg) for a person who has a documented cephalosporin allergy. Payments are only paid for pre-approved cases referred by a health care provider, and only if the medications are obtained from a participating Medicaid pharmacy. These medications are not stocked or dispensed by the TDH Regional Office or the Program.

No payments will be made directly to clients or to non-Medicaid pharmacies.

Allocation methodology

The Program used 1% of the total number of reported gonorrhea cases in a region during the last fiscal year as the basis for determining the number of cases for which payments will be made during the allotment year.

Health care provider responsibility

The client's health care provider determines and documents the cephalosporin allergy. The health care provider contacts the Regional STD Program manager to initiate arrangements for service to the client. When eligibility for the payment on behalf of the client is approved, the health care provider refers the client to a participating Medicaid pharmacy.

Regional STD Program Manager responsibilities

The regional STD Program Manager coordinates Program payments with local health care providers and participating Medicaid pharmacies. The STD Program Manager directs the provider to refer the client to a participating Medicaid pharmacy if funds are available to pay for the medication.

1 Direct all questions regarding TDH allotments of STD medications to the STD Program
2 Manager in the TDH regional office. The STD Program Manager will either answer the
3 questions or refer the questions to appropriate central office program staff.
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5 Central office responsibilities

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7 Central office notifies the TDH regional STD Program Manager of the number of cases
8 to be served in the region. The Program will also notify the regional STD Program
9 Manager when the maximum number of cases to be served in a region has been
10 reached. No payments will be paid to pharmacies within the region for the remainder of
11 the allotment year when the maximum number of cases has been served.
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13 SUPPLYING MEDICATION DURING AN OUTBREAK OR AN EMERGENCY

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15 The TDH Regional STD Program Manager will contact the Bureau Chief and the
16 Director of the HIV/STD Epidemiology Division to report an outbreak. The Bureau Chief
17 and/or the Director of the HIV/STD Epidemiology Division will coordinate the provision
18 of additional medications to the local area with the assistance of the Program and the
19 Pharmacy Division.
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21 DATE OF LAST REVIEW:

22 November 13, 2002 Converted format from WordPerfect to Word.
23

24 REVISIONS

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26 Page 1, line 15 Changed "Director" to "Program Administrator"
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